

**APPLICATION DATA SHEET****Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: No  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: No  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title :: SYSTEM AND METHOD FOR ADAPTIVE  
MEDICAL IMAGE REGISTRATION  
Attorney Docket Number:: 59673-31  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 9  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency?:: No  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Chris  
Middle Name:: H.  
Family Name:: Wood  
Name Suffix::  
City of Residence:: North Bend  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 970 SW 11th Place  
City of mailing address:: North Bend  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98045

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Tanya  
Middle Name:: L.  
Family Name:: Niemeyer  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 1218 NE Ravenna Boulevard

City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98105

**Correspondence Information**

Correspondence Customer Number :: **22504**

**Representative Information**

Representative Customer Number::		<b>22504</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Confirma, Inc.
Street of mailing address::	821 Kirkland Avenue
City of mailing address::	Kirkland
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98033

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